

CLAIMS ONLY				Application Number 10/650169		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
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48							
49							
50							
Total Indep	0		4		0		
Total Depend	3		1		3		
Total Claims	3		5		3		